



**DEPARTMENT OF CORRECTIONS
POLICIES AND PROCEDURES**

Policy No.: DOC 5.8.5	Subject: PRERELEASE DISCHARGE STIPEND
Chapter 5: OFFENDER PROGRAMS	Page: 1 of 2
Section 8: Prerelease Programs	Revision Date:
Signature: /s/ Bill Slaughter	Effective Date: Aug. 22, 2002

I. POLICY:

It is the policy of the Department of Corrections to consider, when appropriate, a monetary stipend for Prerelease offenders to expedite their discharge from Prerelease.

II. IMPLEMENTATION:

This policy was implemented on the effective date.

III. AUTHORITY:

2-15-112, MCA. Duties and Powers of Department Heads

53-1-203, MCA. Powers and Duties of Department of Corrections

IV. DEFINITIONS:

None

V. PROCEDURES:

Prerelease offenders, who have successfully completed their Prerelease treatment program, may be eligible for a monetary stipend, not to exceed \$500, to expedite their discharge from a Prerelease Center Program.

Prerelease Center Directors, or their designee, will apply for the stipend in writing to the Prerelease Unit Manager. All prospective recommendations will be reviewed and approved/disapproved by the Community Corrections Division Administrator or designee.

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Subject: PRE-RELEASE DISCHARGE		

A. Request For Stipend:

1. The Prerelease Director, or designee, may request the Community Corrections Division to consider a stipend for the offender. The request must be made in writing to the Prerelease Unit Manager.
2. The written request must include:
 - a. The reasons for the requested stipend, including the amount of money the offender has in his/her savings account.
 - b. The offender's progress and conduct
 - c. The monetary savings to the Department for an early release
 - d. Information regarding the offender's general attitude
 - e. The length of time the offender would have to remain in the program, should a stipend not be approved.
 - f. Any outstanding debts
 - g. Treatment completed
 - h. Name, address and Tax ID Number or Social Security number for the vendor/landlord.

VI. CLOSING:

Questions concerning this policy should be directed to the Prerelease Unit Manager or the Community Corrections Division Administrator.



**STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
COMMUNITY CORRECTIONS DIVISION**

PRERELEASE STIPEND REQUEST

TO:	Doug Barnes / PRC Unit Manager
FROM:	_____
DATE:	_____
OFFENDER:	_____

The Department of Corrections may consider, when appropriate, a monetary stipend not to exceed \$500.00, for Prerelease offenders to expedite their discharge from Prerelease.

Amount requested: _____

Summarize the resident's progress, conduct, and general attitude since his/her arrival at the center:

What is the balance of the resident's account? If the resident were to remain in the program, estimate how long it would take for him/her to have the required amount to discharge his/her Prerelease stay.

Has the resident completed treatment? If "No" explain:

Does the resident have any outstanding debts? If "yes explain:

What would be the estimated monetary savings to the Department be if the resident would be granted the requested stipend?

Attach a written explanation from the resident, for requesting the stipend

Case Manager Signature:	Landlord's Name	_____
Center Director Signature:	Address	_____
PRC Unit Manager Signature:	City/State	_____
CCD Administrator Signature:	Telephone Number	_____
Amount approved \$ _____	<input type="checkbox"/> Denied	Tax ID Number or SSN _____

